

No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14677
Registrar's No. 35

FILED APR 21 1947
Registration District No. 21

Primary Registration District No. 6020

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural Crooked River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 47 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Rural near Hardin mo
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Harriet Knipschild

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1947 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 11
1947, to Feb 2 1947
what I last saw her alive on 3/5 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife HENRY W. Knipschild

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: April 5 1860
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis ^{Duration}

Due to Arterio-sclerosis yes

Due to aged

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

86 11 26 hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

PHYSICIAN

Major findings: Of operations 94A

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name John Knier ✓

13. Birthplace Germany ✓
(City, town, or county) (State or foreign country)

14. Maiden name Mary Linhart ✓

15. Birthplace Germany ✓
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Knipschild

(b) Address Hardin Mo.

17. (a) Burial (b) Date thereof 4 4 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair Haven Cem. Norbora

18. (a) Signature of funeral director Geo McKen

(b) Address Lexington Mo.

19. (a) April 10-47 (b) Maluk Jackson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Marvin Brown (M. D. or other) 0

Address Hardin, Mo. Date signed 4/2/47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-18-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed J. L. D. Keane

Licensed Embalmer No. 2983

P. O. Address Leighton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.